Form (RF-3)

## **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective			01/15/2012	
	(1)	(2) Annual Premium	(3) Percent	
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>	
1. Auto	mobile Liability Private Passenger			
_	Commercial			
2.	Automobile Physical Damage			
	Private Passenger			
_	Commercial			
3.	Liability Other Than Auto			
4.	Burglary and Theft	4-100 PALL		
5.	Glass	477.7° - 17.1° - 1		
6.	Fidelity			
7.				
8.				
9.	Fire			
10.	Extended Coverage			
11.	Inland Marine	WWW.		
12.	Homeowners		COLUMN TO THE PROPERTY OF THE	
13.	Commercial Multi-Peril			
14.	Crop Hail			
15.	Other Medical Malpractice	242,639	-0.2%	
Does fil _no	ing only apply to certain territory (territor	ies) or certain classes? If so, specify:		
Brief de	escription of filing. (If filing follows rates	of an advisory organization, specify organization	on):	
It is to	o implement a -0.2% reduction in th	ne rates for ACE's Allied Health business		
** Ch	justed to reflect all prior rate changes. lange in Company's premium level which sult from application of new rates.	n will		

RECEIVED

ACE American Insurance Company
Name of Company

Robert Reilly, Vice President
Official - Title

H29219D

DEC 1 5 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS